

# City of Gainesville/Alachua County 10-Year Plan to End Homelessness

Gainesville Region/Alachua County Empowerment

# GRACE

*for the homeless*



# **O**ur community's Ten Year Plan to End Homelessness is called GRACE for the Homeless (Gainesville Region/Alachua County Empowerment). This plan belongs to the citizens of Alachua County.

The people described in this plan -- those without shelter, who are vulnerable, suffering and struggling to survive -- belong to this community. Homelessness carries a cost for all of us: financially for taxpayers, emotionally and physically for homeless persons. GRACE for the Homeless is designed to act on our compassion for our poorest neighbors.

Alachua County has approximately 1,000 homeless men, women and children. Our community has less than 350 shelter beds, which leaves over 650 people unsheltered each night. More than a quarter (27%) of the homeless are children under the age of 18.

Many of our homeless were born in Alachua County or grew up here. Nearly for-

ty percent of the homeless men in our community have served in the U.S. Military.

The primary causes of homelessness include unemployment, income that does not meet basic needs, and disabilities (physical, mental health, drug/alcohol addiction). Homelessness has been called a national disgrace in the wealthiest country in the world. It is a national problem with a local solution.

The Gainesville - Alachua County Ten Year Plan to End Homelessness marks a departure from the long-standing community approach of managing the symptoms of homelessness rather than attacking the root causes - poverty and a lack of affordable housing.

Hundreds of volunteers representing government, business, education, criminal justice, service providers, faith-based and community organizations, homeless persons, and other citizens, have spent the last six months developing our community's Ten Year Plan. Our goal is to both end and prevent homelessness. Our plan includes innovative ideas based on successful models that have been implemented in other parts of Florida and the U.S.

In order for the Gainesville - Alachua County Ten Year Plan to be successfully implemented it will require the active support of all of our citizens. The fact that you are reading these words shows you have an interest. We invite you to take action and become part of the solution.



**Pegeen Hanrahan**  
Mayor,  
City of Gainesville

**Rodney J. Long**  
Alachua County  
Board of Commissioners



# Table of Contents

## Introduction

Why End Homelessness? .....	x
Causes of Homelessness .....	x
Who are the Homeless in Alachua County? .....	x
Costs of Homelessness .....	x
Strategies to Address Homelessness ..	x
Ten-Year Planning Process .....	x

## Strategies & Goals

Sustainable Housing .....	x
Supportive Services and Health .....	x
Homelessness and Public Safety .....	x
Homelessness Prevention .....	x
Implementation of the Ten Year Plan .	x
Logic Models .....	x

## Appendices

I. Acknowledgements .....	x
II. Ten Year Plan Committee Memberships .	x
III. Local Homeless Housing Resources .	x
IV. Affordable Housing Inventory... x	
V. What is a Housing Trust Fund? ..	x
IV. Model Programs .....	x
V. Glossary .....	x
VI. Citations .....	x

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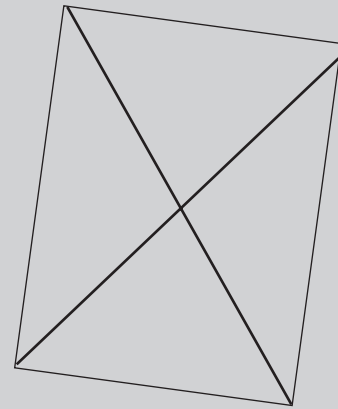
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**S**t. Francis  
House Home-  
less Shelter  
and Soup Kitchen  
is where you expect  
to find homeless  
people.



**Tom**

In Gainesville, you can find one formerly homeless and now very blessed recovering alcoholic working there. A Vietnam Vet with over 25 years of construction experience.

No one sets out to end up on the street, but it happens.

The trip to the bottom is sad and harsh to say the least. The journey back is nothing short of miraculous. The key was being told that I did not have to do it anymore.

All I had to do was develop some long-lost spiritual understanding and trust and except help from those willing to show me the way back. Like so many others I didn't know there was help or people who actually cared.

I had spent over two years living in an alley before I came to the VA Medical Center in Gainesville for

an after-surgery eye exam.

I found out about and got accepted into the VA Residential Rehab Treatment Program. Through that program I learned of a partnership housing program between St Francis House and the Alachua Co. Housing Authority.

After a year as Resident Manager of their single-room occupancy hotel (SRO) called Sunrise Residence Inn, I received an invitation to be part of Gainesville's 10-Year Plan to End Homelessness.

Through all that has happened in the past 30 months, if I could even to claim any success it would be going into the shelter and seeing my peers and being able to say, "But for the Grace of God there go I."



**F**or 20 years, communities throughout the country have been managing the homeless problem rather than seeking to address the root causes. According to the Philip F. Mangano, Executive Director of the United States Interagency Council on Homelessness, billions of dollars have been spent on homeless programs since the enactment of the McKinney Act in 1987.

Despite this investment, there continue to be thousands of people who experience homelessness. To get a different result, the Interagency Council has spearheaded a national effort to both end and prevent homelessness through the development of local 10-year plans.

Currently, there are over 150 cities that have developed their 10-year plan and have commitment energy and resources to its implementation.

According to Executive Director Mangano: "Five years ago the notion of cities having 10-year plans to end homelessness was naïve and risky. No one thought it was possible. But the new research and new technologies have created such movement and innovation on this issue that it may now be naïve and risky not to have such a plan."

## Why End Homelessness?

Research has shown that supportive housing strategies can be effective in moving chronically homeless persons (long term homelessness, repeated episodes and/or disabilities) off the streets and out of shelters and to recovery and self sufficiency. While chronic homeless persons constitute approximately 10% of the homeless population, they typically consume over 50% of all emergency homeless services.

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*"Homelessness is a national problem with local solutions. Working together, we can end this national disgrace."*

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Philip F. Mangano, Executive Director,  
US Interagency Council on Homelessness

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In Gainesville, Alachua County there are an estimated 1,000 homeless persons. Our community has approximately 350 shelter beds, which leaves 650 persons unsheltered each night.

The stereotypical image of a homeless person as an unemployed, panhandling, single male with an alcohol problem is a misnomer that enables some people to look the other way. The reality is that the homeless in our community include women with children, elderly people, physically and/or mentally disabled persons, veterans,

and the working poor. Another misconception is that the homeless are transients. The fact is most of the homeless in our community have lived here for more than a year, many were born and/or raised here.

### Causes of Homelessness:

The causes of homelessness are complex, yet the reoccurring themes that emerge are: poverty, a lack of affordable housing and a need for services.

According to the most recent (January 2005) point-in-time survey conducted by the Alachua County Coalition for the Homeless and Hungry, the primary causes of homelessness were: unemployment, income that does not meet basic needs, alcohol/drug problems, mental health issues, domestic violence, physical/medical problems, released from an institution (jail, prison, hospital) and divorce/separation (For details see "point-in-time survey" in the glossary and "Who Are the Homeless in Alachua County?" chart on the following page).

### Contributing problems:

Gainesville does not have a housing shortage but a lack of housing that is *affordable* for the people who live and

# Who are the homeless in Alachua County?

LOCAL INFORMATION AND STATISTICS ON HOMELESSNESS

## **Demographics<sup>1</sup>**

(n=920)

### **Gender:**

65% male; 35% female

### **Age:**

Children (under 18): 27%

Adults (18-60): 67%

Elderly (60 and up): 6%

### **Family Status:**

Single, no children: 69%

Single, with children: 16%

Married, no children: 10%

Married, with children: 5%

### **Education:**

Grade School: 7%

Some High School: 23%

HS Diploma or GED: 34%

Some College: 24%

College Degree: 7%

Vocational/Trade School: 5%

### **Veteran Status:**

39% of homeless adults  
(n=668) have served in the  
U.S. Military

### **Employment:**

Not Employed: 70.5%

Employed Full-Time: 17%

Employed Part-Time: 5%

Employed in Day Labor: 7.5%

Often, a person's options for shelter tend to dictate the type of work they are capable of holding down. More than half of our local residents experiencing homelessness who reported having a part- or full-time job during the January 2004 point-in-time survey lived in a shelter or transitional housing program at the time of the survey, whereas the vast majority of those employed via day labor agencies lived in the woods or on the streets.<sup>2</sup>

Using a lenient definition of shelter, such that it includes emergency & transitional shelters as well as temporary arrangements such as motel rooms, hospital beds, and the homes of friends and relatives, 52% of Alachua County's homeless population was unsheltered on any given night in 2004.<sup>2</sup>

The majority (57.4%) of homeless individuals in the county have been without shelter for less than a year.<sup>1</sup>

## **Primary Causes of Homelessness<sup>1</sup>**

Unemployed or lost job: 17.5%
Alcohol or drug problems: 14%
Mental health/emotional issues: 13%
Income doesn't meet basic needs: 12%
Moved out to escape abuse: 10%
Physical/medical problems: 9%
Released from jail, prison, hospital: 4%
Break-up/divorce/separation: 4%

## **Hunger in Alachua County**

Hunger is a real and persistent problem in Alachua County, despite perceptions to the contrary. The Hunger Work Group of the Alachua County Coalition for the Homeless & Hungry conducted two annual surveys (April 2003 & April 2004) of local organizations that provide food, meals, commodities, vouchers and other food and nutritional assistance to individuals and families in Alachua County. **Survey results indicate a significant shortfall in local organizations' ability to meet the current demand for food.**

Please contact Poverty Reduction Program Director John Skelly at 352.264.6749 for copies of the surveys and results.

More than 1 in 5 homeless residents (21.6%) were born or grew up in Alachua County.<sup>2</sup>

Nearly a third (31.7%) have lived in Alachua County for 10 years or more,<sup>3</sup> and nearly 60% have lived in the county for more than a year.<sup>4</sup>

## **Substance Abuse, Mental Health & Disabling Conditions**

Nationally, approximately 23% of the single homeless population suffers from some form of severe and persistent mental illness. The U.S. Conference of Mayors' most recent report on homelessness estimated that 30% of those without homes are afflicted with drug or alcohol addictions.<sup>5</sup>

### **Persons reporting disabling conditions, January 2005<sup>4</sup>**

Physical: 23.5%	Drug/alcohol addiction: 14.5%
Developmental: 5%	HIV/AIDS: 2%
Mental health (including depression): 25.6%	

1. Alachua County Coalition for the Homeless & Hungry Annual Report to the FL Dept. of Children & Families; June 2005; 2. ACCHH Point-in-Time Survey/Enumeration; January 2004; 3. ACCHH PIT Survey/Enumeration; February 2003; 4. ACCHH PIT Survey/Enumeration; January 2005; 5. U.S. Conference of Mayors. A Status Report on Hunger & Homelessness in America's Cities: 2003.

## **THE 10-YEAR PLANNING PROCESS**

March 31, 2005  
Homelessness Summit I

June 9, 2005  
First Steering Committee  
meeting

June 10 – October 26, 2005  
All committees meet a minimum of once a month, with most meeting biweekly and subcommittees meeting weekly.

The planning process involved site visits to service providers and public service agencies in Broward and Pinellas counties, FL. During the process, the Sustainable Housing Committee and the 10-year plan work group met with a supportive housing specialist from the Technical Assistance Collaborative.

November 9, 2005  
Homeless Sleep-Out I  
250 attendees, 120 campers

December 1, 2005  
Homelessness Summit II

December 12, 2005  
Gainesville City Commission  
Meeting

December 13, 2005  
Alachua County Commission  
Meeting

December 15, 2005  
Joint City/County  
Commission Meeting

work in our community. There is also a need for supported, permanent housing for homeless persons with disabilities. Currently, we have inadequate service capacity for the needs of our homeless neighbors.

The system of care is fragmented. Homeless persons have difficulty accessing mainstream resources. Poor discharge planning from public systems (hospitals, jails, etc.) results in additional homelessness. Existing ordinances, policies, and programs limit law enforcement options in terms of arresting homeless persons. There is a need for enhanced public awareness regarding the plight of the homeless.

### **The Costs of Homelessness:**

It costs almost \$9,000 to provide one year of housing and supportive services to a homeless individual in emergency shelter. Whereas it costs only \$3,600 to provide a \$300 monthly housing subsidy to an individual to ensure she or he remains in existing housing.

The New England Journal of Medicine reports that homeless people spend an average of four days longer in the hospital, per visit, than comparable non-homeless people, at an extra cost of \$2,414 per hospitalization.

According to Shands Healthcare officials, two of their Gainesville hospitals incur over \$3 million in uncompensated emergency room expenses due to homeless persons' visits to the emergency room (ER), which average approximately \$700 per visit. Shands officials point to a high number of instances where the ER visit could have been avoided with improved access to preventative care. A handful of local organizations, primarily the Helping Hands and Equal Access clinics, provide health care free of charge to those in need (at a cost of less than \$20 per visit).

Locally, public safety agencies spend nearly \$1 million annually dealing with homelessness-related issues, including enforcement of local ordinances, transportation to emergency rooms, and investigations of civil and criminal matters. The cost to arrest, transport, book, house and process a person through First Appearance is more than \$600 per incident.

The human toll of homelessness is incalculable. The emotional scars are slow to heal. Many homeless people suffer from low self-esteem and a diminished sense of hope.

Individuals who were once active members of the community become physically and spiritually beaten down

as a result of their experience with homelessness. It is difficult to imagine the vulnerability that one must feel sleeping, unprotected, on the streets or in the woods.

These feelings are exasperated for homeless persons with disabilities such as physical illnesses, mental illnesses and drug or alcohol addictions. There are members of our homeless community who are elderly, who are suffering from cancer, or who are physically challenged (using a walker or in a wheel chair).

Their medical problems become acute when living on the street and in some cases life threatening. It hurts our entire community when we fail to act and help homeless individuals to become healthy, productive citizens again.

## **Strategies to Address Homelessness:**

For 20 years homeless programs across the country have experienced an occurrence best characterized as bailing a leaky boat.

While they have actively moved homeless people out the back door of homeless programs the emptied beds have refilled immediately. For 20 years, this cyclical pattern has continued. Out the back door; in the front door.

The U.S. Interagency Council on Homelessness recommends a two pronged approach to addressing homelessness:

- 1) "Close the Front Door" - prevention strategies that reduce the number of people who become homeless; and
- 2) "Open the Back Door" - intervention strategies that increase supportive services and placement into housing for people who are currently experiencing homelessness.

While some community's plans focus on the chronic homeless (homeless more than a year, multiple episodes of homelessness and/or homeless with disabilities) we have chose to focus on both short term and long term homeless as well as those at-risk for becoming homeless.

"Waiting for at-risk populations to fall into homelessness only creates more homeless specific programs, increases costs, and deepens the human tragedy." Philip F. Mangano, Executive Director of the United States Interagency Council on Homelessness

Effective prevention strategies ("Close the Front Door") utilized by other communities include centralized service delivery to increase coordination; dedicated housing resources for individuals

discharged from public institutions, and discharge planning protocols.

Effective intervention strategies ("Open the Back Door") include: provision of multi-disciplinary treatment, supported housing for homeless persons with disabilities, and improved access to free health care.

## **10-Year Planning Process:**

On March 31, 2005, the City of Gainesville - Alachua County hosted its first Homeless Summit in an effort to mobilize the community. Key stakeholders were invited to attend, including business and civic leaders, politicians, law enforcement officials, downtown business owners, chamber of commerce, housing developers, service providers, hospital administrators, neighborhood associations, faith-based and community organizations, homeless individuals and the general public. Alachua County Commissioner Rodney Long and City of Gainesville Mayor Hanrahan co-chaired the Summit. Over 200 people attended the four hour conference which included a keynote address by Philip Mangano, Executive Director of the United States Interagency Council on Homelessness.

The Summit included presen-



tations on model programs in Jacksonville and Tallahassee. Following a discussion on the 10-year planning process, five committees were formed to begin working on the plan. The committees included Public Safety, Supportive Housing, Services, Health (includes Mental Health and Substance Abuse), and a Steering Committee. Since that time, two more committees were added: Finance and Faith-based.

Many communities have taken a year or longer to develop their 10-year plan. Our community chose to expedite the process in order to move quickly towards implementation. The committees began meeting in June of 2005 and have met at least monthly since then.

The committee meetings provided a forum for broad community input. In addition, several of the committees created sub-groups to focus on specific issues. The committees created strategies to address homelessness for each of their respective areas (see attached logic models) and reported to the Steering Committee on a bi-monthly basis.

A tremendous amount of talent and energy went into the development of the 10-Year Plan. In addition to the on-going dialog, committee members and staff conducted re-

search on 10-year plans from other communities and visited several programs in Pinellas and Broward Counties.

The plan represents the work of a broad range of individuals from both the public and private sectors.

Volunteers on the committees included: local businesses, city and county government, social services, school board, higher education, law enforcement, courts, criminal justice agencies, health care centers, veterans administration, homeless service providers, neighborhood associations, libraries, realtors, faith-based and community organizations, and members of the homeless community. (A list of the committee membership is included in the appendix.)

The committees developed strategies and specific action steps based on our existing needs and model programs that hold promise for our community.

## **Our program goals include:**

- Providing an additional 350 beds for homeless persons;
- Expanding affordable housing
- Increasing access to services through a first entry/one stop center;
- Increasing access to free medical care
- Providing supportive services (such as life skills, budgeting, job training, mentoring, etc.);
- Increasing faith-based initiatives;
- Increasing homelessness awareness among public safety providers and the community
- Reducing the number of homeless arrests
- Implementing an effective discharge planning system;
- Homeless prevention through education, job training, and supportive services.

The plan also calls for the creation of an Office of Homelessness to coordinate services, implement the Homeless Management Information System; seek funding, and facilitate the implementation of the 10-year plan.



# Housing & Homelessness

**T**here are approximately 350 beds (emergency, transitional, and permanent supportive) for homeless persons in Gainesville, Alachua County. With a homeless population of 1,000 that leaves 650 persons unsheltered each night. Gainesville Community Ministries receives over 700 calls per month from local residents who cannot afford to pay next month's rent. Local emergency shelters turn down more than 100 requests for shelter on a monthly basis because they are at capacity. Other housing programs have waiting lists that range from 8 months to several years.

**The Problem:** Gainesville does not have a housing shortage but a lack of housing that is *affordable* for the people who live and work in our community. It is sadly ironic that there are people sleeping on the streets, in woods and in parking lots amid a sea of "for rent" signs.

According to the federal Fair Market Rent (FMR) a two bedroom apartment should rent for \$626 in Alachua County. In order to afford this rent a person would

need to make at least \$11.81 an hour. A minimum-wage worker would need to work 77 hours a week to afford the same 2-bedroom apartment.

There are some apartments in Gainesville that rent for less than the FMR. However, first and last month's rent as well as security deposits make these apartments cost prohibitive for many working poor.

Many homeless persons face additional barriers to securing housing such as poor rental histories, poor credit, and in some cases criminal histories.

The lack of affordable housing affects at-risk citizens, many of whom live pay-

check to paycheck. There are an estimated 10,000 citizens earning 30% or less of the area median income (\$20,357). Another 5,000 citizens whose earnings are 30-50% of the area median income are spending more than 30% of their income on housing.

Alachua County has more than 1,000 people on waiting lists for public housing. Currently, the city and county have a combined total of 1,700 Section 8 vouchers (U.S. HUD federally subsidized housing) and nearly 1,000 units of public housing. The wait list for public housing is approximately 36-48 months.

The lack of affordable housing leaves many in precarious housing situations, and creates a backlog that impacts the entire homeless assistance network. Each day a person remains in an emergency shelter waiting for affordable housing another homeless person languishes on the streets.

**Existing Resources:** Currently, our community has nearly 350 beds for those without shelter, split into three phases of care:

- **Emergency Shelter:** 53 beds for individuals; 70 for families

*Cost to provide one year of housing, shelter and supportive services to a homeless individual in emergency shelter:*  
**\$8,700**

*Cost to provide a family of four with a \$300 monthly housing subsidy to ensure the family remains in existing housing:*  
**\$3,600**

- **Transitional Housing:** 66 individual beds; 63 family beds

- **Permanent Supportive Housing:** 54 individual beds; 32 family beds

**Current Resource Gaps:**  
**Housing:** The existing homeless housing inventory needs to be expanded by at least 350 units over the next ten years.

**Services:** In addition to the need for housing, many homeless persons are in need of services to address factors that may have contributed to their homelessness. Homeless needs vary and may range from simple needs (financial assistance for start-up costs and deposits) to complex needs (mental health/substance abuse treatment, job training, literacy, budgeting and life skills training).

For many homeless persons the gap falls between income and housing costs. Any effort to address this problem (rather than simply managing it on a case by case basis) will require increased educational opportunities and job training in conjunction with a broad-based community effort to provide more affordable housing and higher-paying jobs.

## **The Vision:**

- All individuals and families who are, have been or are at risk of becoming homeless have access to a safe, sanitary, decent and affordable place to call home, and access to the services necessary to maintain that housing.

- Local residents, property managers, owners and service providers work together to develop needed housing, community development programs and services.

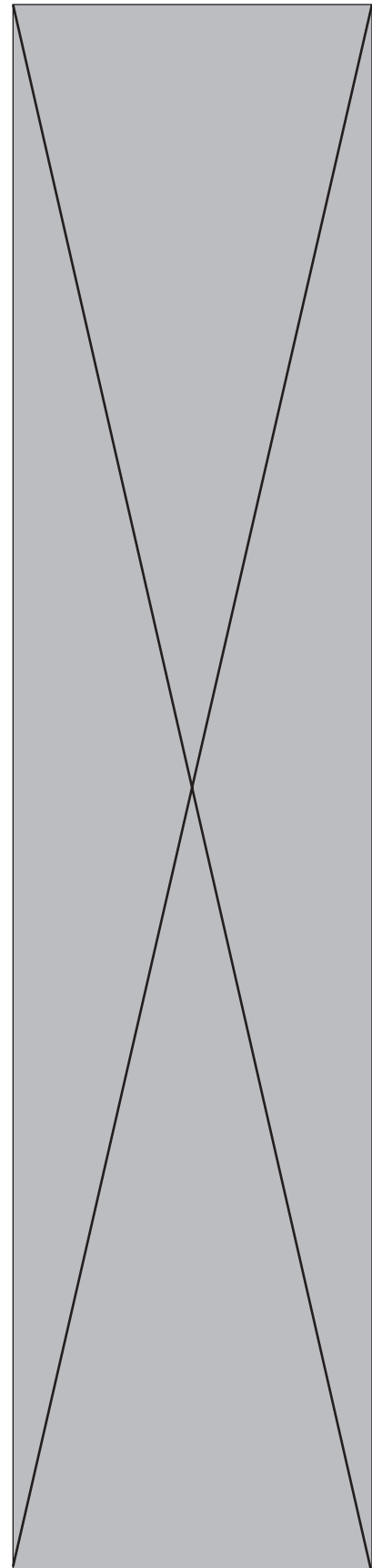
## **Goals & Strategies:**

*Provide an additional 350 beds for homeless persons for the next 10 years and increase affordable housing.*

- Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families.

- Increase the affordable housing inventory in Gainesville and Alachua County.

- Explore the feasibility of reintroducing rooming/boarding houses.



- Facilitate the development of group homes for homeless people who do not need intensive support services.

*Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk persons from losing their housing.*

- Establish a Housing Support Team (HST) to help clients maintain housing (landlord/ tenant relations; tenants' rights; budget/life skills).
- Provide supportive services to at-risk households such as employment training, education, budgeting workshops.
- Reduce the number of forfeited deposits in existing housing assistance programs through trainings on tenant rights and responsibilities, legal guidance and liaison with landlords.

*For detailed goals and strategies, please refer to the Sustainable Housing logic model on page \_\_\_\_.*

**Did you know?  
(Homeless Fact?)**

## Health Care & Supportive Services

From job training, legal representation and child care to housing placement or mental health and substance abuse treatment, the service needs of homeless individuals are as varied and complex as the people themselves.

**The Problem:** The current service structure, while comprehensive in scope, falls short of meeting the needs of the community. Services available to the homeless are not always readily accessible or coordinated in a way that maximizes resources and service delivery.

Limited resources lead to high caseloads and decreased effectiveness serving people with higher service needs. Likewise, services alone often fall short if the person receiving them does not have safe and stable housing.

Health problems that affect homeless persons – physical, psychological, and addiction-related – surface as both causes and effects of homelessness. A lack of access to adequate preventative health care, health in-

surance, affordable health care, and transportation result in exacerbated illnesses and an inappropriate use of emergency rooms for issues that could have been prevented and/or treated at a doctor's office, clinic or other health care provider. Mental health issues and addictions typically grow worse if left untreated.

According to the New England Journal of Medicine, homeless people spend an average of four days longer in the hospital, per visit, than comparable non-homeless people, at an extra cost of \$2,414 per hospitalization.

Locally, Meridian Behavioral Healthcare's Crisis Stabilization Unit (CSU) reports homeless patients stay approximately five days at CSU versus three to four days for non-homeless patients. The extra length of stay results in an additional cost of approximately \$500 per homeless patient. Discharging homeless patients to the streets undermines therapeutic intervention received at the CSU and does not support stabilization of mental health issues.





*Donna Summerall spends a part of her afternoon at the Downtown Community Plaza. [another caption line here]*

According to Shands Health-care officials, two of their Gainesville hospitals incur over \$3 million in uncompensated emergency room expenses due to homeless persons' visits to the emergency room (ER), which average approximately \$700 per visit. Shands officials point to a high number of instances where the ER visit could have been avoided with improved access to preventative care.

A handful of local organizations, primarily the Helping Hands and Equal Access clinics, provide health care free of charge to those in need (at a cost of less than \$20 per visit). These local clinics are overwhelmed by the current need for services and are unable to meet the demand without additional resources.

During the 2003 **point-in-time survey** of homeless individuals in Gainesville, Alachua County, 24% of those surveyed indicated that a physical or mental disability was a contributing factor to their becoming homeless.

Locally, public safety officials spend over \$1 million a year dealing with homeless persons. Much of this expense could be avoided with adequate mental health and substance abuse treatment beds for the homeless.

Transportation remains a major barrier to accessing services. Combined with local ordinances intended to create a geographically dispersed homeless assistance network, the lack of transportation makes, for many, what is already a frustrating experience all the more discouraging.

## QUICK FACTS

The 2003 ACCHH **point-in-time survey** of homeless individuals indicated approximately 18% of homeless adults suffer from some type of mental illness (including depression). Nearly 1 in 4 (23.5%) self-reported an addiction to alcohol and/or drugs. Of these, 55% indicated they needed treatment. Of those surveyed, 5.5% indicated a dual diagnosis of both substance abuse and mental health issues.

Nearly 40% of the survey respondents reported having some form of physical disability; yet less than 1 in 4 receive SSI or SSDI assistance. HIV/AIDS impacts 2% of homeless adults in Alachua County.

Those who reported having any kind of disability were two to three times more likely to have been victims of a crime in the past year than the general homeless population.

Further, comprehensive data collection across agencies is only in its infancy. It is only in the past three years that service providers and funders have begun to amass baseline data on demographics and service

**EXISTING RESOURCES:** More than 30 agencies in Alachua County form the fabric of the existing homeless assistance network, and aim to provide services that move people from homelessness into shelter and, ultimately, permanent housing. The Helping Hands and Equal Access clinics provide ur-

Limited health care services are available to low income uninsured through the Health Department, ACORN and Archer Clinic. Mental Health Services are only available through Helping Hands, Equal Ac-

[illegible]

cess and to Medicaid participants via Meridian Behavioral Healthcare.

### **Current Resource Gaps:**

Despite the vast network of service providers in Gainesville, the supply of resources to serve the homeless has trailed demand for more than a decade. Many services are available only to those in residence at a shelter, and therefore often neglect the hundreds of people who cannot gain access to shelter, and thus supportive services.

No primary medical care or mental health/substance abuse services exist to serve homeless individuals who are not covered by Medicaid or Veterans' benefits. Oral health services are available for children enrolled in Medicaid, and one dental clinic exists to serve the needs of all homeless adults.

### **The Vision:**

- All homeless or previously homeless individuals and families have access to all needed supportive services, medical care, oral health services, mental health care and/or substance use care.

- Individuals with medical, mental health and/or substance use needs who are at risk of homelessness have access to all needed services and health care.

- All temporary or transitional housing for homeless adults includes needed wraparound services and that access to these services be available as needed once permanent housing obtained.

**THE MISSION:** The charge of the health committee was to review and make recommendations about how to expand, fund and suc-

### **Did you know? (Homeless Fact?)**

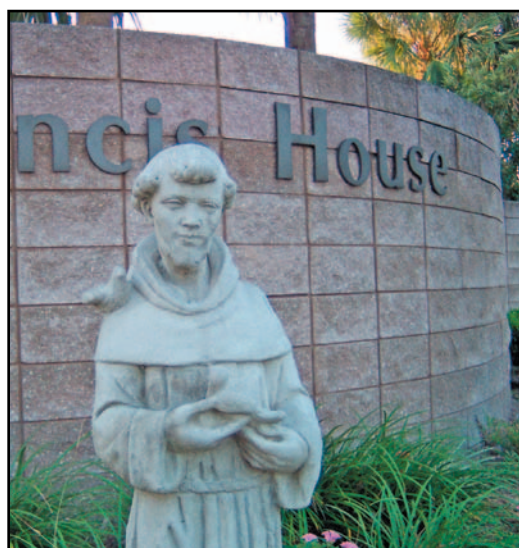
cessfully deliver medical, dental, mental health and substance abuse services for various homeless populations, especially chronically homeless individuals.

The charge of the services committee was to explore solutions to homelessness with the goals of 1) preventing homelessness when possible via timely access to resources; 2) minimizing the duration of homelessness when it occurs; and 3) stabilizing people who are chronically homeless via mental health treatment and permanent supportive housing.

### **Goals & Strategies:**

*Create First Entry/One-Stop Center to ensure coordination of services for homeless persons.*

- Develop a model, three phased plan to create a multi-faceted comprehensive service center for homeless individuals in Gainesville/Alachua County.



*While St. Francis House and The Salvation Army are the best known local shelters, their combined 60 emergency shelter beds represent less than 20% of the total beds available to homeless people in the community.*



*Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.*

- Develop on-site medical service centers at Alachua County and City of Gainesville Fire Rescue/EMS stations to provide urgent care.

*Increase capacity of local free clinics and programs that provide access to health care.*

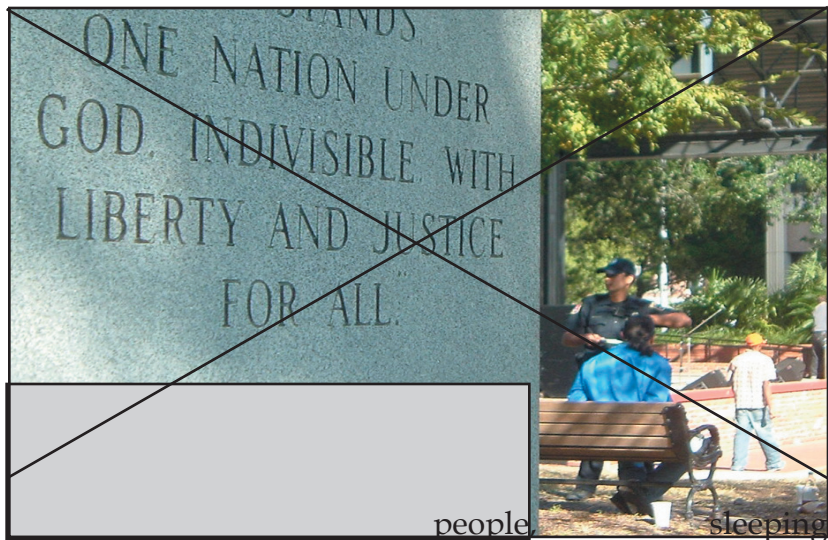
*Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.*

*Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other supportive services to facilitate a stable way of life.*

*Increase faith-based initiatives to address homeless needs in Gainesville and Alachua County.*

*For detailed goals and strategies, please refer to the Supportive Services and Health logic model model on page \_\_\_\_.*

## Public Safety & Homelessness



The current public safety response to homelessness in Alachua County includes:

- Crisis intervention
- Law enforcement
- Discharge planning from courts; jails; medical and foster care facilities.

**The Problem:** The costs are significant. Locally, public safety agencies spend nearly \$1 million annually dealing with homelessness-related issues, including enforcement of local ordinances, transportation to emergency rooms, and investigations of civil and criminal matters.

Some existing ordinances in effect criminalize necessary behaviors of homeless

(trespassing) and using the bathroom (public urination/defecation).

Law enforcement officers currently have limited options in dealing with violations of these ordinances. When an individual lacks a permanent address, state ID, or confirmed ties to the community, officers are unable to utilize the Notice to Appear option and must arrest the person to ensure their appearance in court. The cost to arrest, transport, book, house and process a person through First Appearance is more than \$600 per incident.

Homeless persons also come into contact with public safety professionals as victims of crimes against a person (see side bar, next page).

Substance abuse and mental health issues affect 18% and 23.5% of the homeless population, respectively. Effective interaction and crisis intervention with these populations requires special training which is not currently required at the SFCC Academy of Public Safety.

Nearly forty percent of all homeless arrests were for ordinance violations in the 20-month period ending August 2005 (see side bar). Alcohol and drug-related infractions (open container, possession of drugs and/or paraphernalia) constituted 37% of the offenses. A review of municipal ordinances affecting homeless persons and an increased in substance abuse treatment programs could play a large role in reducing the need for public safety expenditures.

### **Current Resource Gaps:**

Currently, the effectiveness of discharge planning is limited by a shortage of emergency shelter beds, affordable housing and training or vocational programs. Many people at hospitals, jails, and other facilities are effectively discharged into homelessness without the resources to break their reliance on the homeless assistance network.

### **The Vision:**

- Unnecessary criminal justice and public social services expenditures are reduced
- Public safety services are provided fairly and consistently
- **Discharge Planning** is provided along with housing location assistance to individuals prior to institutional discharge, including the foster care system, mental health facilities, hospitals, clinics, prisons and jail.

### **Goals & Strategies:**

*Improve public safety services for homeless persons and reduce associated public expenditures.*

- Increase awareness among public safety service providers and the community about the plight of homelessness in Gainesville and Alachua County.
- Reduce the number of homeless arrests through a review of existing city ordinances that make necessary acts of life illegal when homeless and via warrant amnesty days for minor offenses.

*Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.*

### **LOCAL FIGURES:**

Gainesville Police Department's victim and arrest statistics for homeless individuals during a 20 month time period (1/1/04 – 8/31/05) indicate that 117 homeless persons were victims of crime (1% of all victims).

Over half (53%) of homeless victimization crimes were crimes against a person: battery (n = 33), aggravated battery (11), assault (1) aggravated assault (9), sexual battery (1), robbery (7) and domestic battery (1). During the same time period, 196 homeless persons were arrested for a total of 527 incidences (4% of all arrests). 53% were repeat offenders.

Nearly 40% of the offenses were for ordinance violations:

- open container (21%)
- trespassing (12%)
- possession of alcohol in a public park (3%) and
- urinating/defecating in public (2%)

Fourteen percent of the arrests were property offenses (burglary (7%) and petit theft (7%)); 13% were drug-related charges; 6% were battery charges; 2% were for panhandling; and 2% were for prostitution-related offenses.

# Implementation of the Ten Year Plan

The 10-year planning process will require long-term commitment from the first planning steps to full implementation. It will require on-going volunteer and staff time and energy.

Commissioner Long and Mayor Hanrahan have created a Homeless Implementation Committee to facilitate the 10-year plan process. The Implementation Committee will be comprised of the chairs and co-chairs of the seven committees (Steering, Housing, Health, Public Safety, Services, Faith-based and Finance). The Implementation Committee will begin meeting immediately in 2006 and will report their progress to the Steering Committee every six months.

The 10-Year Plan is intended to be a living document. It is a map for the next ten years which should be modified as needed. Members of the public and elected officials need to embrace it as a beginning point. Hundreds of community leaders have donated their time and energy into developing this plan. It is essential to keep the momentum go-

ing. The first step should be to hire an administrator to coordinate with the Implementation Committee and to begin implementing the plan. We chose to do an expedited planning process (in 6 months, rather than a year or more) in order to see some immediate impact.

## Goals and strategies of program implementation:

1. **Create an Office of Homelessness.** Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; and coordinate with the Implementation Committee.

2. **Seek funding for homeless programs** outlined in the 10-year plan: Hire a grant writer to collaborate with city/county grant writers to identify potential funding. The federal government has made ending homelessness a priority with additional funding targeted for homeless programs. City and County elected officials should direct lobbying efforts to seek federal and state funds for homeless programs.

Locally, creative funding options could include an allocation of a portion of development funds for homeless initiatives and approaching Sands Healthcare and North Florida Regional Medical Center to assist with prevention and other health care programs for homeless (which will result in a cost savings to these medical centers).

3. **Implement the Homeless Management Information System (HMIS)** at the system-wide level to facilitate coordination of services. This objective will include finalizing and adopting the HMIS user documents and addressing privacy issues related to sharing of information on HMIS. The HMIS will facilitate coordination of services and reduce duplication of services. The HMIS data will be able to generate statistical reports to accurately assess needs, gaps in services, and program outcomes for more effective utilization of resources.

4. **Enhance public awareness** regarding the plight of the homeless. The Office of Homelessness will be responsible for creating a publicity campaign to educate the public and dispel negative stereotypes of homeless individuals and



families. The 10-year plan will be widely distributed. We encourage stakeholders to actively promote the plan.

### **What can our community expect?**

The successful implementation of Gainesville/Alachua County's Ten Year Plan to End Homelessness will result in the following:

1. Significant savings in public systems from reduced use of services including hospital emergency rooms, ambulances, and law enforcement services.
2. Savings in other services systems, including homeless shelters, acute psychiatric services, and can result from placement of individuals into supportive housing.
3. Enhanced quality of life for both those who are housed and homeless.
4. Supported housing retention rates.
5. Inspiration and energy from working together to help our neediest neighbors.

peaceful paths success story b.l.